

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

| | | |
|--|------------------------|------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/840,747 |
| | Filing Date | April 23, 2001 |
| | First Named Inventor | Sachs, Howard G. |
| | Art Unit | 2825 |
| | Examiner Name | Brandon Bowers |
| Total Number of Pages in This Submission | Attorney Docket Number | 021111-000100US |

ENCLOSURES (Check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> 1. COPY of PTO Auto-Reply Facsimile Transmission form dated 8/20/03, with complete response dated 8/20/03 attached thereto, 2. COPY of PTO Auto-Reply Facsimile Transmission form dated 10/14/03; 3. Request for RCE 4. Return Postcard |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|--------------------|---|-----------------|
| Firm or Individual | Townsend and Townsend and Crew LLP Robert C. Colwell | Reg. No. 27,431 |
| Signature | | |
| Date | November 20, 2003 | |

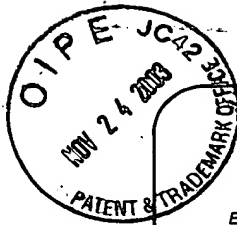
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|---------------------|------|-------------------|
| Typed or printed name | Margaret K. Stephan | | |
| Signature | | Date | November 20, 2003 |

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 440

Complete if Known

Application Number 09/840,747

Filing Date April 23, 2001

First Named Inventor Sachs, Howard G.

Examiner Name Brandon Bowers

Art Unit 2825

Attorney Docket No. 021111-000100US

| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | |
|--|--------------------------------------|--------------------------------------|--|--|---------------|--|----------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other <input type="checkbox"/> None | 3. ADDITIONAL FEES | | | |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP | | | | | | | |
| The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | |
| Large Entity | Small Entity | | | Large | Entity | Small | Entity |
| Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
| 1001 770 | 2001 385 | Utility filing fee | | 1051 130 | 2051 65 | Surcharge - late filing fee or oath | |
| 1002 340 | 2002 170 | Design filing fee | | 1052 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 1003 530 | 2003 265 | Plant filing fee | | 1053 130 | 1053 130 | Non-English specification | |
| 1004 770 | 2004 385 | Reissue filing fee | | 1812 2,520 | 1812 2,520 | For filing a request for reexamination | |
| 1005 160 | 2005 80 | Provisional filing fee | | 1804 920* | 1804 920* | Requesting publication of SIR prior to Examiner action | |
| SUBTOTAL (1) (\$) | | | | 1805 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | 1251 110 | 2251 55 | Extension for reply within first month | |
| | | | | 1252 420 | 2252 210 | Extension for reply within second month | |
| | | | | 1253 950 | 2253 475 | Extension for reply within third month | |
| | | | | 1254 1,480 | 2254 740 | Extension for reply within fourth month | |
| | | | | 1255 2,010 | 2255 1,005 | Extension for reply within fifth month | |
| | | | | 1401 330 | 2401 165 | Notice of Appeal | |
| | | | | 1402 330 | 2402 165 | Filing a brief in support of an appeal | |
| | | | | 1403 290 | 2403 145 | Request for oral hearing | |
| | | | | 1451 1,510 | 1451 1,510 | Petition to institute a public use proceeding | |
| | | | | 1452 110 | 2452 55 | Petition to revive - unavoidable | 55 |
| | | | | 1453 1,330 | 2453 655 | Petition to revive - unintentional | |
| | | | | 1501 1,330 | 2501 655 | Utility issue fee (or reissue) | |
| | | | | 1502 480 | 2502 240 | Design issue fee | |
| | | | | 1503 640 | 2503 320 | Plant issue fee | |
| | | | | 1460 130 | 1460 130 | Petitions to the Commissioner | |
| | | | | 1807 50 | 1807 50 | Petitions related to provisional applications | |
| | | | | 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | |
| | | | | 8021 40 | 8021 40 | Recording each patent assignment per property (times number of properties) | |
| | | | | 1809 770 | 2809 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| | | | | 1810 770 | 2810 385 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| | | | | 1801 770 | 2801 385 | Request for Continued Examination (RCE) | 385 |
| | | | | 1802 900 | 1802 900 | Request for expedited examination of a design application | |
| | | | | Other fee (specify) _____ | | | |
| SUBTOTAL (2) (\$) | | | | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$440) | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | |

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Robert C. Colwell

Registration No. (Attorney/Agent)

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Telephone

650-326-2400

Signature

Date

11-20-03

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